

# BUILDING FACADE IMPROVEMENT PROGRAM SAN BRUNO REDEVELOPMENT AGENCY

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### Form 1

## **APPLICATION FORM**

	Date:	
1.	Applicant Name:	
2.	Mailing Address:	
3.	City, State, Zip	
4.	Address of Property:	
5.	Daytime Phone	Best time to contact Applicant:
6.	Total Number of Facades in Project:	
7.	Addresses of Individual Facades:	
8.	Owner Name(s):	
9.	Owner Phone #:	
10.	Business Name(s):	
11.	Business Type:	
12.	Describe Proposed Facade Improvement(s):	
13.	Estimated Cost:	



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I,	delines and any agreement entered into oment Agency (the "Agency"). I further agree es approved by the City. I understand that I proval process, and that my project may Committee. I understand that any changes in		
I further understand that participation in the Building Facade Improvement Program is voluntary. If my application is accepted, I understand that I will be required to enter into an agreement with the Agency and that in order to receive any grant, I will be required to complete the improvements in accordance with approved plans and submit certain documents.			
I understand that in order to be eligible for a grant for façade improvements, I cannot begin work on the improvements until the City of San Bruno Community Development Department has approved my application, evidence of all necessary permits/approvals have been submitted to the Agency and I have entered into an agreement with the Agency.			
Signature of Applicant:			
Completed form should be returned to:	City of San Bruno Community Development Department 567 El Camino Real San Bruno, CA 94066 Attention: Mark Sullivan		